EADV’s “healthy skin @ work” campaign – Dresden Declaration

One of the key objectives of EADV’s Europrevention “healthy skin @ work” campaign, launched in November 2009, was achieved on 28 September 2010 with the adoption of the European framework agreement on the prevention of health risks in the hairdressing sector, also referred to as the Declaration of Dresden (DoD; www.safehair.eu) by the social partners of the European Commission’s Social Dialogue.

Safe hair

The DoD is the main outcome of the EU-funded Safe Hair project (see EADV News N° 36) and is an EADV scientifically-guided voluntary consensus reached among all stakeholders (European hairdressers’ employers’ and workers’ associations, suppliers and safety engineers) on the importance of prevention and of implementing respective measures in the hairdressing trade.

It provides practical recommendations for the implementation of prevention standards, namely identification of key actors, information dissemination strategies, early involvement of dermatologists, vocational education and training, personal protective equipment and actions aimed at producers and manufacturers.

Safe Hair is the first European Commission initiative in the field of OSD prevention in risk professions and comes under the umbrella of the EADV campaign. Based on the extremely positive outcome of this pilot project, it is now hoped that other branches at risk of OSD will soon follow. The implementation of OSD prevention standards at national level are likely to be part of phase two of the EU-funded project. In addition, the European Parliament is currently considering a declaration on the urgent need to support the prevention of occupational skin diseases.

Contact your MEPs now

With OSD costs exceeding €5bn each year in the EU due to loss of productivity, strategies are currently being developed with a number of MEPs in Brussels on prevention and to raise public and political awareness. One such is the submission of a Question for the Commission and a Written Declaration to be signed by key MEPs for adoption1. As a majority of the Parliament has to support the declaration, all dermatologists throughout Europe are strongly urged to approach their national MEPs on this issue now.

OSD is also a growing concern outside Europe. Following the annual meeting of the American Academy of Dermatology (AAD) in early February 2011 in San Francisco, the AAD has approved the following statement:

Safe hair is the first European Commission initiative in the field of OSD prevention in risk professions and comes under the umbrella of the EADV campaign. Based on the extremely positive outcome of this pilot project, it is now hoped that other branches at risk of OSD will soon follow. The implementation of OSD prevention standards at national level are likely to be part of phase two of the EU-funded project. In addition, the European Parliament is currently considering a declaration on the urgent need to support the prevention of occupational skin diseases.

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OSD is also a growing concern outside Europe following the annual meeting of the American Academy of Dermatology (AAD) in February 2011 in San Francisco.
The Media & PR Committee has successfully run media training sessions for several years now at the EADV Annual Congress. Many EADV members have benefited from this training and it has given them confidence to go on and interact with the media.

This year we thought we would expand the programme a little to include something on presentation skills. There will also be a small section on how to launch and run a media campaign and, of course, the usual one-to-one tuition in front of the camera with immediate playback and feedback on how you did. See advert below for details.

Colm O’Mahony MD
Chairman
Media & PR Committee

Media Training Session at the 20th EADV Congress in Lisbon

Could your presentation skills be better?
Do you worry that people will lose interest during your talk?
Are your slides eye-catching?

Get some tips at the Presentation Skills section of our Media Training Session

Do you know how to spoof the press?
Do you know how to put together and stimulate interest in a dermatology media campaign?

See a good example of how the EADV “healthy skin @ work” campaign was set up and is run
(it helps your patients, it helps your specialty, it helps you!)

Terrified of radio and television interviews?
Worried that you can’t get the message across?
Worried you might blurt out something that you later regret?

Get one-to-one tuition in front of camera with instant feedback.
See yourself as others would see you.
Grow in confidence or else decide the media is not for you!

Book yourself onto the FREE 3-hour media workshop in Lisbon on Friday, 21 October 2011 (Room 3A), 09.30-12.30

Don’t forget: tips on how to prepare for and handle media interviews are available to download from the EADV website: www.eadv.org (Press Corner/Media Dermatologists).
New Orleans, the Deputy Surgeon General of the US, a dermatologist by training, saw the need for US public health services to focus more on the prevention of OSD as total annual costs for occupational skin diseases in the US amount to more than $1bn. The US is thus taking a great interest in the European achievements on this issue and envisages organising a meeting with the active involvement of EADV in the near future.

New initiatives

Other encouraging initiatives include the successful kick-off press conference on 11 March 2011 in Bucharest to launch the 2011 “healthy skin @ work” campaign in Romania. Free-of-charge consultations, including patch testing, are being offered to patients suspected to have OSD. Similar initiatives are presently being conducted or planned in Bulgaria, Czech Republic, Croatia and Germany. What is more, one major multinational declared its 2011 internal health campaign as the “healthy skin @ work” year during which approximately 10,000 workers will be offered free skin cancer screenings (very much on the agenda of “healthy skin @ work”). It must however be made clear that the dermatologist is the responsible specialist for occupational dermatoses from dermatitis to skin cancer.

Structured prevention programmes are unevenly available throughout European countries, so the European Initiative for the Prevention of Occupational Skin Diseases (EPOS) (www.eadv.org/press-corner/campaigns/), a network of 79 experts from 24 European countries created under the large umbrella of the “healthy skin @ work” campaign, is focusing on the mutual transfer of knowledge and good practice-sharing. If you are interested in becoming a regional partner, please contact us via www.epos2010.eu. Look out for the next EPOS meeting on Saturday, 22 October 2011 at the 20th EADV Congress in Lisbon.

EADV’s free Media Workshop on Friday, 21 October will also provide an excellent opportunity to gain specific skills and expertise on how to run a campaign.

Thanks to the tireless efforts of many EADV colleagues, we can sense that there is a growing interest and awareness of OSD among the different stakeholders.

For more details on the campaign and on how to support it, please contact:

Swen M John MD
Chairman EADV Europrevention Campaign
“healthy skin @ work”
Chairman EADV Task Force on Occupational Skin Diseases
Tel: +49 (0)541 4051810
E-mail: pweinert@uos.de

1 Antigoni Papadopoulou MEP (S&D, Cyprus), Substitute on the Committee on Employment and Social Affairs, is one important driving force behind these undertakings.

Summer holidays are among the most dangerous periods of the year. Not only is all of Europe travelling back and forth across the continent, but usually it is a period of good times and plentiful parties.

Humans are very adaptable creatures. Not only do they live all over the globe, but they also live in many different social structures, where some degree of mutual adaptation is inevitable. Obviously this reciprocity is not inevitable in, for example, monastic orders, but for the majority of social structures in which we move it usually is; and one may argue that it is one of the prerequisites for human success. Sometimes adaptation is couched in different terms such as flexibility, social intelligence, even kindness, or any of the many expressions of basic respect of our fellow human beings.

It is part of the collective human experience that social adaptation is not necessarily easy, nor always possible, but perhaps we tend to forget that it always entails responsibility. A responsibility directed not only at the focus or aim of the social structure, but also at the future. In mutual adaptation, we also shape each other, and it may justly be speculated that the richness of the experience forms the backbone of Mankind. Social structures are after all the pillars of culture, even if not always of wisdom.

The individual’s responsibility towards these core elements of culture cannot be overestimated. I am sure we have all experienced the awkwardness of being in a socially dysfunctional structure such as a boring dinner party. The hallmark of a truly successful host or hostess is not only to select the members of a party so that they all contribute to the conversation and exchange of ideas, but also to ensure that the interaction is pleasurable and mutual adaptation is natural. When this occurs, sadly not so often, the success of the dinner is an almost palpable good mood.

One of the greatest human weaknesses is however our inherent inability to manage success. Success carries the seed of destruction, not necessarily in the shape of the goddess Nemesis, but most often due to simple inattention. When the going is good we forget and no longer strive to maintain it. The focus changes from sowing to harvesting, and then postprandial stupor is not far away. It is the individual’s responsibility to ensure that the success continues and that requires not only adaptation but discipline.

That is why summer holidays are so dangerous.

Gregor Jemec
Editor
Prof Frank Powell

President's Perspective

EADV rises in the East...

Dear Friends,

As we draw into the summer months I hope that the intensity of your work commitments diminish and that you get to spend more time with your family and friends. EADV staff will continue their excellent work in Lugano and Brussels helping to develop the Academy as the largest dermatology organisation in Europe.

Rise in eastern members

Our membership is increasing each year and our educational events draw record numbers of participants in spite of the economic recession which has affected most countries throughout Europe. In particular, EADV membership is rapidly expanding in central and eastern European countries. While the founding fathers of EADV were mainly from northern and western Europe, many central and eastern European countries such as Hungary, Bulgaria, Czech Republic, Romania, Poland and Latvia have been actively engaged in the workings of the Academy from its early days.

Economic imbalance

An issue which we have to deal with soon is the reality of economic imbalance between the various countries of Europe, particularly those in central and eastern European areas. We need to ensure that those who work in less economically well-off areas of Europe are not deprived of EADV membership or ability to attend our congresses and symposia because of an unfair financial burden relative to their income.

We are proud that our Academy offers a pan-European forum for dermatologists to meet and exchange ideas and education. At our recent Board meeting in Carlsbad we set out a new strategy of deciding the location of future EADV congresses based solely on the quality of the congress site, its capacity and accessibility. This should ensure that EADV congresses are always in prime venues, while at the same time allowing for annual changes of location and exposure to the various cultural differences throughout Europe that are also an important part of our annual meetings.

Best wishes from Dublin,

Prof Frank Powell

EADV President (2010-2012)
Patients' Information

Ichthyosis Support Group (ISG)

About ichthyosis

Ichthyosis (pronounced ick-thee-o-sis) is a term used to describe continual scaling of the skin. It comes from a Greek word “ichthys” which means fish, although not all affected people have fish-like scales. There are many forms of ichthyosis, the most common affecting around 1:80-250 individuals, but with the rarer types affecting 1:300,000. Most forms are rare and can be inherited (genetic or congenital) or the milder forms may develop later in life (acquired). The inherited forms of ichthyoses are usually evident at or soon after birth and they tend to persist throughout life although some types may improve slightly with age.

The scaling affects most if not all areas of the skin and is fairly consistent over the years. This is in contrast to other skin disorders such as eczema and psoriasis where scaling affects limited areas of the skin and changes its pattern frequently. The more common, milder forms may improve in summertime, however several of the rarer types of inherited ichthyosis produce excessive visible scaling, red inflamed skin and a couple of forms cause blistering of the skin. The very rare and more severe forms of ichthyosis can also be life threatening, and babies in particular may experience a failure to thrive.

Inherited ichthyosis is caused by faulty copies of genes which are passed on from one generation to the next. Each type of ichthyosis is due to a different genetic mutation and the pattern of inheritance varies.

About ISG

The Ichthyosis Support Group (ISG) was formed in 1997 by a group of individuals affected by ichthyosis to create a network of parents, sufferers and medics, and became a UK registered charity in 2001. The committee consists of eight trustees and a paid part-time administrator.

Our aims

- To preserve and protect the health of and to relieve persons affected by ichthyosis and any associated condition.
- To advance the education of the medical profession and the general public on the subject of ichthyosis and its implications for the family.
- To promote and support research into the management of ichthyosis and to publish the useful results.

Member benefits

- An information pack containing condition specific leaflets, and further information about the various associated aspects of living with ichthyosis.
- Regular newsletters.
- Advice from our Medical Advisory Board (MAB) which is comprised of some of the UK’s leading professors, dermatologists and specialist nurses.
- We have a network of regional contacts who keep in touch with and organise local events with members in their areas.
- National Conference: fully supported and attended by our Medical Advisory Board. The weekend event consists of lectures, workshops and is a wonderful opportunity to talk to fellow members and the medical professionals. Children have a great time either on a fully organised trip or onsite in a supervised environment.
- Fun day: usually held at an exciting venue and a relaxed day. It is a chance to meet and chat informally with other ISG members, sharing stories, experiences and your own knowledge of living with ichthyosis whilst having a great family day out.

For more information please contact:
Ichthyosis Support Group
PO Box 1404
Bagshot
GU22 2LS, UK
Tel: +44 (0)845 602 9202
E-mail: isg@ichthyosis.org.uk
Websites: www.ichthyosis.org.uk or www.ichthyose.eu/
Translational medicine is hot! Not only physicians but also scientific journals and people in the lay press are now frequently using the term ‘translational medicine’. What used to be called ‘clinical research’ in the past has grown into a complex science that is more than conducting clinical trials.

Not only has the pre-clinical part of clinical research grown and became more complex, but also the clinical research itself has become more complex (regulatory, ethical and safety aspects). Moreover, the implications of clinical research are now used more intensely than in the past to improve the whole process of drug discovery. Consequently, the term ‘clinical research’ is not appropriate any more, thus leading to the development of a new discipline.

**Speeding up the process**

Since this process of taking compounds from the lab to the clinic has become more complicated, drug development is also more time-consuming. It is therefore understandable from an economic point of view, that the interval between discovery and clinical practice must be shortened. For example, it took almost 40 years to bring atorvastatin to the clinic following the discovery in the Framingham studies in the 1950s of the relationship between cholesterol and vascular disease. Another example is the treatment of chronic myeloid leukaemia with imatinib (Gleevec®) that resulted from the discovery of this pathway by Nowell and Hungerford in 1960. These long intervals are nowadays just not acceptable. Consequently new avenues have been explored to study and improve this complicated process resulting in a new scientific discipline: translational medicine (TM). In addition TM serves as a cogwheel in drug development taking compounds from the lab to the clinic and bringing information back to basic researchers (see chart below).

TM starts with basic research on the mechanisms of human disease. This knowledge, combined with insights into the physico-chemical properties of the compound, safety studies, pharmacodynamics and pharmacokinetics, leads to the testing phase: first in animals and healthy humans (especially for safety testing) and later in patients. The ultimate proof in the human testing phase is the so-called proof of concept (PoC) study. In its ideal form, a PoC is a small study in patients that fits the requirement of whether the compound modulates the mechanism of the disease. If available, biomarkers are used to monitor this process. Sometimes biomarkers or specific assays have to be developed, which can also be used to get a better understanding of certain diseases. During the PoC studies pharmacokinetic data are also gathered that can help us to understand why a certain compound is not working for instance.

Although skin seems an easy target for monitoring drug concentrations after topical application of therapeuticals, it can be extremely hard to get a good understanding of skin pharmacokinetics because of anatomical differences of the skin (face vs trunk), sampling difficulties (contamination from the stratum corneum), penetration and permeation issues of the drug and difficulties in the monitoring of drug concentrations because of metabolic changes or binding to other molecules. In addition, sometimes whole skin drug concentrations are not informative because data from drug concentrations from specific compartments is needed, for instance the sebaceous gland.

**Modelling and simulation**

Next to all this information, clinical data (pharmacodynamics) and safety data are gathered. Since most PoC studies are small (less than 100 patients) safety data is limited as well, although in rare cases a PoC study can lead to an immediate stop in the development of a new chemical entity. Biostatisticians and experts in the field of modelling and simulation play an important role in the design of PoC studies. Not only to reduce the sample size to a minimum but also to predict the outcome and optimise the study design.

In general, about 20% of PoC studies show a positive outcome, meaning...
Treatment Update

that in the majority of cases a drug development that started five (but usually 10) years earlier has to be cancelled. It is therefore understandable that this time-consuming and expensive process is constantly adapted to improve timelines and efficiency.

An example of a successful PoC study in dermatology with a new chemical entity is the recent development of a topically applied drug for the treatment of basal cell carcinomas in nevoid basal cell carcinoma syndrome (NBCCS) (syn. Gorlin syndrome)\(^1\). It is not more than 15 years ago that the molecular mechanism leading to the constitutive activation of the Hedgehog pathway, resulting in the emergence of basal cell carcinomas in these NBCCS patients was discovered. In recent years the relevance of this pathway has also been demonstrated not only in sporadic basal cell carcinomas but also in other solid tumours including medulloblastoma and melanoma. The new chemical entity called LDE225 is a selective antagonist of Smoothened (SMO) and inhibits the Hedgehog pathway. The efficacy of LDE225 was recently demonstrated in a double-blind, randomised, vehicle-controlled, intra-individual proof of concept study.

Overall, this PoC study demonstrates that TM can efficiently integrate knowledge from multiple disciplines thus leading to the design of small but informative proof of concept studies that open avenues towards new treatment modalities. It can be anticipated that because of this efficient way of drug development within the next five-to-ten years new drugs will be launched for the treatment of not only actinic keratoses and basal cell carcinomas, but also for recalcitrant skin conditions like atopic dermatitis and rosacea.

Reference


Conflict of interest declaration

M A de Rie was a director/senior expert of Translational Medicine in Novartis Institutes for BioMedical Research during the PoC study phase of LDE225 (2008 – 2010). M A de Rie has no financial conflict of interest to declare.

Acknowledgement

Thanks to A P Bertolino MD PhD and T Jung MD PhD (NIBR, Basel, Switzerland) for kindly providing the chart on p6.
Ethiopia – the basics

Ethiopia is unusual in Africa in that it has never been fully dominated or colonised by an overseas power. It has a 2,000-year history going back to Solomon and Sheba, a written language (Amharic) and is characterised by wonderful geography with central highlands (2,500 metres) where the capital city Addis Ababa is situated. In the highlands the climate is pleasantly temperate, while in the lower areas around the borders, it is seriously “African”. There are two mountain ranges – the Simiens in the north and the Bale mountains in the East, both going up to 4,500 metres. There is a fabulous diversity of birdlife and wonderful scenery. There is a benign co-existence between the Coptic Christian majority and the moderate Islamic communities and Ethiopia is generally a safe place to travel around.

Clinical spectrum

Until three years ago, Ethiopia had only 21 dermatologists and as is true for all areas of the world where clinical services are insufficient, patients often present with advanced and florid disease. Much the commonest group of diseases are cutaneous infections with bacteria, fungi and parasites. Every week patients with exotic forms of pityriasis rosea, children with impetigo or tinea, more invasive fungal infections, leprosy and cutaneous Leishmaniasis present to the clinics. All the common diseases seen in Europe are present including what seems to be huge amounts of atopic dermatitis – which is puzzling in view of the so-called hygiene hypothesis which predicts that early-life exposure to infections ought to be protective. Psoriasis, lichen planus, CTCL, and a wide diversity of autoimmune blistering diseases are common in the clinics.

A major limitation to diagnostic confidence is the lack of effective dermatopathology and immunopathology services – and it is our major objective to remedy this deficiency. Disorders of pigmentation, particularly vitiligo and melasma/chloasma are common and a great source of social distress. Very interestingly, photodermatoses such as photo-dermatitis present in virtually every clinic, basal cell carcinomas are remarkably common while squamous carcinomas are very rare.

Genodermatoses of an amazing variety present regularly. Some such as xeroderma pigmen- tosum and acrodermatitis enteropathica can be diagnosed clinically but the lack of investigative facilities makes it impossible to define many of the clinical entities. Inevitably the severity and often clinically unusual manifestations seen in many patients causes the physician to think of the possibility of HIV-mediated immunodeficiency. Fortunately, testing for HIV is readily available and various forms of Highly Active Anti-Retroviral Therapy are available.

Access to dermatology care

Although there are four medical schools (Addis Ababa, Mekele, Gondar, Harar), until 2006 there was no dermatology postgraduate training available. Hence any physicians who wanted to become dermatologists had to go abroad to receive training. The majority of the dermatologists worked in private practice, mostly in an “office” setting. In those regional centres with hospitals, any skin-related medical problems tended to be cared for by infectious disease specialists or general internists.

In the capital city Addis Ababa, the medical school teaching hospital (The Black Lion) has a small dermatology outpatient service but, traditionally, the great majority of patients with dermatological problems presented to the Leprosy Centre – ALERT (All Africa Leprosy Rehabilitation and Training Centre). This tradition had grown because for more than 40 years there have been ongoing research programmes into leprosy, run jointly by the Armauer Hansen Research Institute (AHRI) and ALERT, which usually involved trained European dermatologists. Hence dermatological expertise and care was

Facts and figures

Country name: Ethiopia
Capital: Addis Ababa
Population: 90,874,000 inhabitants
Official languages: Amerigna, English, Arabic
Life expectancy at birth:
  Male: 53,64
  Female: 58,81
Infant mortality rate:
  77,12 deaths per 1,000 live births
which it feels there is a profitable market. Even for the fungal diseases which are so common, the only systemic anti-fungal drugs available are griseofulvin and fluconazole.

**Postgraduate training**

In 2005 the Ministry of Health was finally persuaded that it was necessary to do something and funded seven renewable dermatology residents’ posts in the Medical School of Addis Ababa University and the University created a three-year postgraduate course to be led by Dr Dagnachew Shibeshi, Head of Dermatology in Addis Ababa. Although the Dermatology department had five consultants, they lacked experience in the design and delivery of training programmes. Dr Dagnachew therefore sought overseas help and was introduced to Peter Friedmann, Professor of Dermatology at the University of Southampton, UK, who had 15 years’ experience of supervising dermatology postgraduate training programmes. Prof Friedmann had worked at ALERT/AHRI while completing his doctoral research studies in 1975 and he agreed to work with Dr Dagnachew to produce the dermatology training curriculum.

In addition to finding teachers, it was necessary to buy essential books and equipment – lights, magnifying glasses, Woods lamps and disposable surgical instruments, as the Ethiopians had not included any budgetary provision for these fundamental resources. A small grant from the British Council helped subsidise some of these costs.

Since 2006, when the first residents embarked on postgraduate training, three cohorts of six or seven per year have graduated by passing the exit examinations. The number of consultant dermatologists in Ethiopia has now doubled and will continue to increase over the coming years.

**Training goals**

The first aim of the programme is to establish its long-term sustainability. This must be done by increasing the numbers of Ethiopian dermatologists trained to take posts as lecturers and hence to embed a continued presence of teachers and supervisors. In this way the programme will lose its dependence on the voluntary assistance of dedicated overseas dermatologists. Therefore a series of curricula are in various stages of development for sub-specialty higher training in subjects including dermatopathology, dermatosurgery, paediatric dermatology and dermatology. It is planned that selected highly motivated individuals will come to Europe on short-term fellowships to receive higher level training. EADV has been very generous in providing some critical funding to help cover the costs of these fellowships.

The main threat to this aim is “brain drain” of the best trained new young consultants away from the University Medical School posts into the much more financially attractive private sector.

The second aim of the programme is to generate enough consultant dermatovenerologists to staff the other medical schools – two per school, and also to have three or four consultants in each of the major regional hospitals. In this way, over a few years the extreme shortage of dermatology clinical care for the people of Ethiopia will slowly be improved.

**Volunteer teachers needed**

The programme still needs volunteers to go and teach. Unfortunately, we have been unsuccessful with recent attempts to raise funds to cover travel expenses of lecturers although we continue to try. The overall experience for the teaching consultants and the few resident trainees who have accompanied them has been extremely stimulating and educational. If anyone reading this would be interested to learn more about the programme or would be interested to contribute to it by going to Addis for a couple of weeks, please contact Prof Peter Friedmann (psf@soton.ac.uk) for more information.

**Prof Peter Friedmann**

MD FRCP FMedSci

University of Southampton

Southampton, UK

**Dr Dagnachew Shibeshi**

University of Addis Ababa

Addis Ababa, Ethiopia
The main key mission of the Academy is to promote education and training in the field of dermatology and venereology. EADV’s annual scientific meetings are thus the most important opportunity for the Academy to fulfil its mission and critical to its success and further development. In this context, the Scientific Programming Committee (SPC), in close collaboration with its major partner the CME-CPD Committee, has made major efforts to improve the level and quality of EADV events in recent years.

**SPC’s main goals**

- to respond to the need and requirement of board-certified dermatologists and venereologists for continuing medical education and practice development.
- to provide academic dermatologist-venereologists with the opportunity to further increase their knowledge as well as to exchange their experiences.
- to give young dermato-venereologists training opportunities to improve their postgraduate education and prepare for their board exams, as well as to be stimulated and motivated by the outstanding personalities and experts in various fields.

**Major developments since 2009**

- The development of an electronic database for storing and mining data and statistics as well as providing a tool for programme creation. The database contains speaker listings from all over Europe and further afield, that have been involved in previous EADV events or that are willing to actively contribute to future meetings. This database constitutes an essential working tool for rapid speaker searches based on areas of expertise, country of origin as well as performance and evaluation from previous EADV congresses.
- Together with the CME-CPD committee, a blueprint which summarises and breaks down into percentages all important topics during and after postgraduate training. This tool provides “roadmap” guidance for programme drafting ensuring the inclusion of core disciplines and sub-disciplines.
- **Scientific programmes are now centrally prepared:** SPC is directly in charge of the production of the first draft to ensure a consistently high scientific level. The local scientific committee (LSC) is now primarily involved in programme finalisation and for adding the regional expertise and flavour which enriches and individualises each separate programme.
- **Electronic poster presentation** now facilitates the evaluation and search of the presented posters by a panel of external reviewers. The goal is to reduce quantity and to increase quality.
- Finally, SPC continues to include and develop interactive sessions (e.g. demonstrations with live patients, live surgery) as well as planning a new series of educational sessions.

The heavily increased SPC workload can be only achieved with the support of the professional EADV staff, SPC members as well as with the help of LSCs and a number of additional co-opted experts. The latter provide complementary but essential expertise that allows us to cover the entire dermato-venereology field, from surgery and lasers to dermato-paediatrics.

SPC by no means works alone. Besides the important role of the CME-CPD Committee, input from EADV Board members and EADV Task Forces is regularly solicited. All EADV members now have a feedback facility to help us improve: www.eadv.org/scientific.

**Current practical challenges**

- The improvement, speeding up and remote use of our electronic database.
- The inclusion in programmes of primary contributors able to deliver in a clear, concise and engaging way. Performance and appreciation are major selection criteria and are closely monitored.
- Promoting new blood in programmes by alternating available experts with young and motivated dermatologists and venereologists coming from all over Europe. Rising stars should not be ignored and masters should not be forgotten.
- Representation of the entire spectrum of European expertise in programmes with chairs, co-chairs and speakers from various backgrounds who demonstrate the richness of the various European schools.
- Constant but relative speaker list review, taking into account consecutive under-performance, will better disclose what and who our participants and members want to see and hear and we must be responsive to this.

**Our “credo” and “philosophy”**

- Quality and expertise in the choice of speakers must take precedence over other criteria that are not relevant for participants at our meetings.
EADV Committee Updates

Membership Committee

The Membership Committee consists of Prof Karel Ettler (Czech Republic), Prof Ljiljana Medenica (Serbia), Dr Susan Cooper (UK) and myself, Prof Sarah Rogers (Ireland). I have just taken over the Chair from Dr Lawrence Scerri (Malta) who had everything running on oiled wheels for me. We are pleased to tell everyone that news from the Membership Committee is positive! Is that not a good way to begin an update?

EADV membership is increasing, not only from the EU countries, but from other countries and continents (see graph).

We have a growing membership from eastern European countries, from the Indian subcontinent and from the United States. This increase can be attributed to a number of factors, not least the tireless work of the membership team in Brussels. Of course, the success of both the Spring and the Autumn meetings, both academically and because they are also held in venues across Europe which are both interesting and attractive to visit, helps attract new members. Another incentive which we hope may be introduced shortly is that members may be offered a more noticeable reduction in registration fees for meetings compared to fees for non-members.

We are also offering a more flexible approach to becoming an EADV member. For example, members of the American Academy of Dermatology (AAD) who applied to become EADV International members during the recent AAD meeting in New Orleans did not have to send copies of diplomas, nor find three endorsers. Once their AAD membership has been validated by the AAD Membership Services three EADV officers agreed to provide endorsement.

Nurses and retired members

Our nursing colleagues, an integral and indispensable part of our dermatology departments, have expressed great interest in the Academy but found the annual subscription for Ordinary category of membership – for which they were entitled to apply – expensive. As a result, we had relatively few nursing members. Once we have gathered all necessary information regarding nurses’ certification in Europe, it will be possible for them to join at the reduced rate of €50 per year. This will encourage nurses to expand their academic input at the Academy meetings.

In case Retired Specialist members are also feeling the pinch in these harsh economic times, and lest they may be considering opting out of some of their annual subscriptions, let us persuade you to stay in EADV! You can retain your membership, and your voting rights, at the reduced fee of €75 a year. We have also been very keen to attract new Junior members. After all, the juniors of today will be the consultants, specialists and professors of tomorrow. They also have a reduced annual subscription and can remain in the Junior category until the age of 35 and/or until the end of their training.

Euroderm Excellence 2010 course participants, certified by the course chairman, Prof Martine Bagot and endorsed by Prof Powell, Prof Tschachler and Prof Gollnick, were offered free membership for 2011 as Junior members. Euroderm Excellence is a course organised by the European Dermatological Forum (EDF).

Things are good with the EADV membership numbers but we do not want to become complacent. We want to see our Academy, of which we are very proud, continue to go from strength to strength. So come on, EADV members, make sure you keep your annual subscription up to date. Remember, if your national membership falls below 20, your country will not be entitled to have a representative on the EADV Board. And if you have 100 or more members, your country will be entitled to two representatives. Oh, and don’t forget to encourage your trainees to join too!

We look forward to seeing you all in Lisbon.

Sarah Rogers
Chairman
EADV Membership Committee

Clear separation of roles between industry and practising dermatologists. SPC continues to separate the main scientific programme from industry-sponsored satellite symposia and therefore maintains the integrity of pure academic and non-biased CME. Industry-sponsored satellite symposia will, in all possible cases, take place after the end of the regular sessions of the programme in the afternoon. Furthermore, speakers are now requested to clearly disclose any conflict of interest before their talks or face exclusion.

The dream of the SPC however remains that in the near future EADV will represent a scientific ‘must’ that cannot be missed by anyone and this quite independent of trappings that can sometimes go hand in hand with participation.

Luca G Borradori
Chairman
Scientific Programming Committee
Dear colleagues and friends,

The 20th Congress of the EADV will bring you to Lisbon for the second time. This is a great honour for me and for the local committee and we will do our utmost to make your visit a truly memorable one.

The Congress will bring together dermatologists from all over the world. The Local Scientific Committee in close collaboration with the EADV Scientific Programming Committee has produced a comprehensive programme that is attractive both to clinicians and researchers.

**Extra day**

I call your attention to the fact that we will have an “extra day” of work. We will start Thursday with the sister societies’ meetings and will finish on Monday after lunch. This will allow us to cover many areas of interest to the delegates including: venereology, surgery, aesthetics, psoriasis, dermatology and systemic diseases, “frontier” specialties, infections, tropical dermatosis and traveller diseases, dermatosis connected with the environment, sun and the skin, medical, surgical, other therapies and new diagnostic methods.

**Programme highlights**

We will have three live courses: on advanced dermatological surgery, cosmetic dermatology and lasers. Each day there will be two interactive “test yourself” sessions.

There will also be two sessions on controversial subjects:

**CV01:** Biologics in psoriasis: a lifelong commitment versus inclusion within rotative therapy

**CV02:** Melanoma and sentinel lymph node biopsy

We will also have nine plenary sessions which I am certain will be of interest to you:

**PL01:** Frontiers in dermatology
(K Wolf, Austria)

**PL02:** New therapies for inherited skin diseases (J McGrath, UK)

**PL03:** Oncogenic viruses
(A Zur Hausen, Netherlands)

**PL04:** Dermatosurgery: state of the art
(W Hanke, USA)

**PL05:** Lymphocytes: how do they work for health and disease?
(A Lanzavecchia, Switzerland)

**PI06:** Molecularly-targeted therapies in cancer and the dermatologist
(H Tsao, USA)
PL07: Melanocyte-keratinocyte interactions and the mystery of pigment transfer
(M Seabra, Portugal)

PL08: Lasers for dermatology-towards the future
(M Adatto, Switzerland)

PL09: From the bench to the practitioner. What’s new and exciting for the future?
(S Katz, USA)

Finally let me tell you that we are proud to have received 1,900 abstracts. We also received 1,435 ePosters and, of these, 103 were selected for a short oral presentation. We will have a sequential presentation of all the ePosters in a special designated area where 40 computers will be at your disposal to view the papers at your convenience.

We have organised a reviewer faculty formed by EADV and Local Committees, Board members, and volunteer chairs and co-chairs of the Scientific Programming Committee. We thank them all for their co-operation.

As you can see, we are offering you many incentives to join us at the 20th EADV Congress next October in Lisbon.

We look forward to welcoming you to Lisbon!

António Picoto
President
20th EADV Congress
Contact dermatitis training course

An EADV Fostering Dermatology training course on Cutaneous Allergy was held from 23 to 25 February 2011 in London over a two-day period, which was attended by 30 trainees from all over Europe. The theoretical part, consisting of lectures, took place at Willan House (the headquarters of the British Association of Dermatologists), whereas the practical sessions took place at St John’s Institute of Dermatology at St Thomas’ Hospital.

The lectures involved practical aspects of patch testing including how to apply patches, read reactions and interpret results, the common allergens, occupational skin disease, urticaria, immediate type allergic reactions, and how to record results from a cutaneous allergy clinic. The practical sessions included the processes of applying patches, how to read reactions how to identify plant allergens, and how to test for certain types of physical urticarias. Trainees had the opportunity to see patients who had been patch tested that week and who had positive reactions. Speakers were mostly from the UK, but included experts from Denmark and The Netherlands.

The dinner was held at the Swan at the Globe Restaurant which is part of the Globe Theatre complex, where many first performances of Shakespeare’s plays were staged, on the South Bank of the River Thames. There was a fine view of the River Thames and of St Paul’s Cathedral from the windows of the restaurant, whilst enjoying a typical British three-course meal.

The course was well received by the trainees, who valued the theoretical and practical aspects of the teaching.

Prof David Gawkrodger
Course Chair
Fostering Training Course Contact Dermatitis & Allergy
Participants’ satisfaction rating

Relevance to training – 4.83
Usefulness of sessions for sharing findings – 4.83
Relevance to educational needs – 4.58
Influence on career – 4.75

(Rating scale: 5 = extremely/excellent/always, 4 = very/good/often, 3=quite/satisfactory, 2=occasionally, sometimes, 1= not at all/neve)

The second Fostering Course for minor surgery for Private Practitioners/Specialists took place on 19 March 2011 in Brussels at the EADV House and attracted participants from Belgium, Bulgaria, Finland, FYROM, Greece, Germany, Israel, Jordan, Latvia, Romania and Turkey.

The course started with basic lectures about anatomy, surgery equipment, office environment, local anaesthesia, secondary wound healing and principles of cutaneous oncology surgery followed by an individual hands-on training on pig feet.

The course content was based on the successful experience of French colleagues who have organised similar training courses for French dermatologists for many years.

It has been a pleasure to work with Florence Corgibet as course chair, Michèle Henry and Françoise Will from France, supported by Myrto Trakatelli from Greece and Reichan Walther from Great Britain/Germany. They presented up-to-date knowledge on operative dermatology/skin cancer and shared their experience in a highly interactive way. Also great thanks to George Reuter and Monika Gniadecka, who organised this event in the run-up and Ildikó Papp from EADV for the perfect organisation of the small details, which are most important for a such successful course.

Dr Rolf Ostendorf
Co-Chair & Chair Fostering Specialist Skills Committee, Germany

On behalf of

Dr Florence Corgibet
Course Chair, France

Participant’s feedback

“It was a brilliant educational weekend, in a superb location in London that helped develop our clinical perspective of cosmetic dermatology.

We had five of Europe’s esteemed clinicians conducting this course and, like many good teachers, they taught using numerous teaching methods.

I thoroughly enjoyed all aspects of this course and would totally encourage EADV to continue to support such training programmes for residents that ultimately will benefit patient care.”

Zahra Ahmed
Dermatology Trainee
Cardiff, Wales, UK

“The course was so well thought out and organised. It gave us theoretical as well as practical knowledge. Everything was done so professionally yet in a very friendly atmosphere.

The experience I gained will definitely impact my career. The take-home message for me was that sufficient knowledge is crucial for minimisation of the undesirable effects from the procedures.

I would highly recommend this course to all dermatology residents.”

Dr Elena Angelovska
Resident
Skopje, Macedonia

“This two-day aesthetic dermatology workshop was excellent! Not only did it provide high quality teaching, but it has also been the opportunity to meet very interesting people from all around Europe. Our small group allowed very interactive courses. It really was some encounter – not just of expertise but also of friendship! I can’t wait for the next one…

Dr Florence Neczyporenko
Brussels, Belgium

also got the chance to get an overview on the latest European guidelines. I would highly recommend this course to all colleagues interested in the field of operative dermatology.”

Dr Evgenia Makrantonaki
Dessau Medical Centre, Germany

“This was an excellent review of the basics of surgery including the setting of an office-based operating suite, anaesthesia and different types of sutures. The hands-on segment which consisted of cutting and suturing on pig feet was a “first” for me. I was surprised by how different pig skin felt compared to human skin as I have been often told they are quite similar.

The faculty to student ratio was a wonderful 1:3 and allowed all of us to get close supervision and answers to all our questions. The international mix of students and faculty, which is the hallmark of EADV gatherings, added a special flavour to the course and showed how a common interest can bond people from very different backgrounds and foster friendships.

I hope this workshop will be followed by another one centring on flaps and grafts. If the basic course is offered again I highly recommend it.”

Dr Daniel Ariel Lichtenstein
Dermatology consultant, Tel Aviv, Israel
Eczema is always waiting to attack

For long-term eczema control

You need to manage the underlying inflammation actively.¹

Atopic eczema flares can be managed in the short-term, but the threat of another flare is always lurking under the surface. Twice-weekly PROTÖPIC™ offers an effective way to control eczema in the long-term by treating the sub-clinical inflammation between flares.² It prevents flares and prolongs flare-free intervals in adults and children with moderate and severe eczema.³

So don’t wait for the flare, use twice-weekly Protöpic to control eczema in the long term.⁴

REFERENCES:
1. Wellenreng A & Bieber T. Allergy 2009; 64: 276-282. 2. Reburaio & Allopa. B J Dermatol Treatment 2012; 2: 36-44. 3. PRESCRIBING INFORMATION: PROTÖPIC™ 0.03% cream (tacrolimus monohydrate): PROTÖPIC™ 0.01% cream (tacrolimus monohydrate). ACTIVE INGREDIENT PROTÖPIC™ 0.03% ointment (t) contains 1.8mg of tacrolimus as tacrolimus monohydrate (0.003%). PROTÖPIC™ 0.01% ointment (t) contains 1.6mg of tacrolimus as tacrolimus monohydrate (0.01%). THERAPEUTIC INDICATIONS PROTÖPIC™ 0.03%: treatment of moderate to severe atopic dermatitis in children (2 years of age and above) who failed to respond adequately to conventional therapies such as topical corticosteroids. PROTÖPIC™ 0.01%: maintenance treatment of moderate to severe atopic dermatitis for prevention of flares and prolongation of flare-free intervals in patients experiencing frequent episodes of flare activity. PROTÖPIC™ 0.03% is effective in adults with eczema. INSTRUCTIONS FOR USE Protöpic™ should be applied twice daily for 12 weeks. After 12 weeks, treatment may be continued if required.

1 With intermittent use. ² Patients should have had an initial response to an acute exacerbation with PROTÖPIC twice daily (max. 6-weeks’ treatment).
Sibel Alper
(Turkey)

“I graduated from Ege University School of Medicine in 1984 and completed my residency training in the same faculty. After specialising in dermato-venereology, I became an Assistant Professor in 1991 and Associate Professor in 1993. I founded the dermato-allergy unit in my department and have been Unit Director since 1991. After becoming a Professor of Dermato-venereology in 2000 I also participated in reprogramming medical education and residency training programmes in the Ege University School of Medicine. I was the Vice-President of Turkish Society of Dermatology between 2006-2008 and a Board member of Turkish Society of Dermatology and Venereology from 2004-2009. I chaired the Ege University School of Medicine Medical Education Board for two years and was Head of the Dermato-venereology Department between 2004-2010. I am an active member of Turkish Society of Dermatology Contact Dermatitis Working Group and Psoriasis Working Group. I am also a proud Board member of EADO and Vice-President of the EADV Congress to be held in Istanbul in 2013. I am the primary investigator in many ongoing projects in Turkey.

It is a great honour to be on the EADV Board and represent my country as the second Board member together with Prof Gürer. I have followed the wonderful work of EADV since my residency and EADV has had quite an impact on my professional development. Now I feel the excitement and honour of having a chance to promote EADV in my country and contribute to its work. I am looking forward to working with my colleagues in Turkey and in EADV to advance our collaboration in the fields of research, education and clinical training.”

Prof Piergiacomo Calzavara Pinton MD was born in Brescia (Italy) in 1955. He is married to a psychiatrist and has a 17 year-old daughter. He graduated in medicine and surgery with a first-class degree at the Faculty of Medicine, University of Milan in 1980 and became a specialist in dermatology and venereology at the Dermatology Department of the same university in 1983 with a first-class degree.

He began his career as a medical assistant in 1984 and, since 2001, has been Chairman of the Dermatology Department of the Spedali Civili di Brescia and University of Brescia and of the School of Specialisation in Dermatology of the same University. The Department has 14 beds for in-patients, nine beds for Day Hospital/Day Surgery and each year carries out about 100,000 dermatological examinations and other medical services for outpatients.

He is President of the Associazione Dermatologica Lombarda (ADL) and a member of the Scientific Boards of the Società Italiana di Dermatologia e Venereologia (SIDEMAST) and the Società Italiana di Fotobiologia (SIF). He is also an Ordinary member of EADV as well as of the European Dermatology Forum (EDF), European Society for Photobiology (ESP), American Society for Photobiology (ASP), European Group for Photodynamic Therapy (EURO-PDT group) and European Photodermatology Society (EPDS).

When he is not working as a dermatologist, his personal interests are classic music, Alpine ski-ing, climbing and cycling.

“I graduated from Justus-Liebig Universität Giessen, Germany, in 1983 and finished my specialisation at the Dept of Dermatology, The National Hospital, in 1990. After five years of basic research I spent some very interesting years as Head of the Ullevål University Hospital Dermatology Outpatient Clinic, in great co-operation with Prof Ole B Christensen, fulfilling my expectations of exploring clinical dermatology in all aspects. I also found great meaning in and lots of fun in various positions in the Norwegian Dermatological Society, including serving as President.

After a short intermission working as Associate Professor at the National Hospital in 2004, I decided to start a second career as a consultant dermatologist in Oslo, where I now work. Norway is a small country with 5 million inhabitants and about 200 dermatologists. It is my wish to work for improved CME possibilities to ensure good quality training for all those who end up far from university environments and postgraduate learning programmes.

In time, with increased awareness for transparent relations with industry, it is of the utmost importance that we evolve strong independent organisations that can bridge academic and practical dermatology. EADV is a good place to develop this goal further. We must not end up going to five meetings per year learning about the biological treatment of psoriasis, while the rest of our vast area of responsibility lies in the shadow of knowledge development.”

Claus Lützow-Holm
(Norway)
The 8th EADV Spring Symposium, held from 14-17 April in Carlsbad, under the patronage of the Czech Minister of Health, continued the tradition of highly successful EADV meetings, bringing together dermatologists from Europe and all over the world to share their perspectives of the skin diagnostics and management and its impact on all aspects of quality of life.

The Symposium was one of the biggest meetings in the Czech spa area, along with the Carlsbad International Film Festival. The western Bohemian historical city was proud to welcome in total almost 1,700 participants and staff members, from 74 countries who came to share their expertise in all various fields of our specialty. The Opening Ceremony was supervised by a Czech unconventional stage director who performed an innovative, tradition-defying performance showing Czech and Slovak countryside and historical landmarks together with the specific film history and film festival experience of Carlsbad. Participants were warmly greeted by the Symposium Chairman and President of the Czech Dermatovenereology Society Prof Petr Arenberger, President of the Slovak Dermatovenereology Society Prof Dusan Buchvald and by EADV President Prof Frank Powell.

The days that followed packed in a very intense and highly praised scientific programme, including a live operation (cutaneous surgery), dermatologic allergology, cutaneous oncology, aesthetic dermatology (including a live treatment), STIs and dermatopathology.

Skin health and wellbeing

Caring for skin and wellbeing, the theme of the Symposium was the guiding thread throughout the programme. One of the plenary lectures was delivered on Living with Skin Disease highlighted the link between the treatment success and quality of life in dermatology and dermocosmetic care. Numerous lectures further debated the complex interrelation between skin health and quality of life in all its different aspects, from the most recent concepts of preventive dermatology and anti-ageing strategies, to the latest challenges of teledermatology and evidence-based medicine.

The scientific programme reflected the diversity of subject areas encompassed within dermatology and venereology, covering the full spectrum of dermatological diseases and rare disorders which are not really rare when seen from a European perspective. It also paid particular attention to novel trends in rapidly moving fields such as cutaneous oncology, allergy, and autoimmune, inflammatory and infectious disorders of the skin. Emphasis was further placed on novel strategies in the treatment of atopic dermatitis, recent findings in psoriasis therapy, the challenges in dermato-oncology today and tomorrow, as well as updates on aesthetic and cosmetic dermatology.

In addition to the diversity of symposia, workshops, courses and other sessions, the six plenary lectures were of special interest. Among the highlights was the lecture by T Luger (Münster, Germany) on “Neuroinflammation and Skin Diseases”. His presentation not only provided an insight into this amazing area but also stressed its importance for dermatology. Other highlights included the plenary lectures by L French (Zürich, Switzerland) on “Autoinflammatory Disease and the Skin” and A Ranki (Helsinki, Finland), who presented an update on vaccination in venereology.

The high standard of the event’s educational content was echoed in the various social activities and events in the inspiring atmosphere of one of the biggest and most beautiful spa resorts in the world. Almost 200 people enjoyed the President’s Dinner inside the magnificent Pupp Grandhotel.

Despite the tempting weather outside, a great number of participants attended the Closing Ceremony (followed by an enriching “What’s New?” session), where the EADV flag, according to tradition, was handed to Prof Giampiero Girolomoni, who will chair the next EADV Spring Symposium in Verona, Italy in 2012.

Petr Arenberger
Symposium Chairman
Introduction course on virtual dermatopathology

The EADV Fostering Course Introduction to Virtual Dermatopathology was held on 10 and 11 March 2011 in Reykjavik, Iceland.

The course director was Dr Ellen Mooney (Reykjavik, Iceland) and the other faculty members were Prof Werner Kempf (University of Zurich, Switzerland), Dr Guerkan Kaya (University of Geneva, Switzerland) and Dr Christina Mitteldorf (Hildesheim, Germany).

The purpose of the course was to introduce virtual dermatopathology as a learning technique to trainees in dermatology and dermatopathology. The topics covered were melanocytic lesions, inflammatory diseases with interface change, cutaneous lymphomas and simulators, the role of clinicopathologic correlation, pitfalls, skin signs of systemic disease, online consultations by VDP and VDP use in teaching and CME. At the end of the course there was a self-assessment examination.

The participants came from Belgium, Egypt, Greece, Hungary, Romania, Bulgaria and Ukraine who rated the course highly, with an average grade of 4.4 out of 5 possible points on their evaluation forms. One of the comments on the evaluation form summed it all up: “It was more than a perfect educational method and course, I am extremely satisfied.”

All in all, an enjoyable experience for both participants and faculty!

Ellen Mooney MD
Course Chair

Participants’ feedback

“I had the opportunity to participate in the training course Introduction to Virtual Dermatopathology in Reykjavik, the charming capital of Iceland. All participants were residents in dermatovenerecology. The course consisted of several presentations, each one of them covering a different topic (inflammatory diseases, pigmented lesions, systemic diseases, cutaneous lymphomas). During the presentations we had on-line access on our laptops to the virtual histology slides of the case being presented. On Friday evening, after the intensive course had finished, we were treated to a relaxing visit to the Blue Lagoon Clinic and Spa: a unique and memorable experience. I would like to thank EADV, Ildikó, Dr Mooney and all speakers for organising this outstanding course.”

Tom Hillary
Belgium

“Well-balanced scientific material and unique cases were presented with enthusiasm during the course. Using a microscope has never been so easy. It became simple to share with others what you have discovered in the microscopic world. I found it extremely beneficial to experience Virtual Dermatopathology.”

Andrea Lukacs
Hungary

One winner’s view

“To be an EADV scholarship winner is a great opportunity not only for achieving the newest scientific dermatologic information, but also for meeting residents, specialists and professors from all around the world.

This year, I was the happy winner of the Michael Hornstein Memorial Scholarship for the 8th EADV Spring Symposium in Carlsbad, Czech Republic. It helped me to participate for the first time at an EADV conference, to keep up-to-date with the latest information in dermatology (which will certainly help me in my future career as a dermatovenerecology specialist), to apply this knowledge for the benefit of my patients and to share it with my colleagues. Finally, I want to mention the EADV staff who made me feel that I was part of a big family, congratulating and encouraging me. I invite you all to join the EADV team because, who knows, you could be the next winner!”

Alina-Elena Ilie MD
Bucharest, Romania
Fostering networking activities in dermatology

20 years’ experience

The Fondation René Touraine (FRT) is a non-profit organisation founded in 1991 by Louis Dubertret and recognised as being of public utility by the French government. Its activities are developed thanks to the income of an endowment capital of €2.5m. As a public utility organisation, the FRT’s endowment is controlled by the government and donations to it can be deducted from taxes, which makes FRT a safe and convenient organisation.

FRT is supervised by a Board of Directors, where three Ministries are represented. Two dermatologists are present on the board: Professor Louis Dubertret and Professor Erwin Tschachler (Secretary General of EADV).

FRT works through a Scientific Board integrating high-profile personalities in dermatology from all over Europe. Irene Leigh (UK) has been chosen as President for the next two years and Thomas Luger (Germany) as President-elect. Gerhard Tappeiner (Austria) has taken the position of Secretary-General for the next four years.

Core activities

The aim of the Fondation René Touraine is to connect people in order to improve healthcare access and quality. In addition to the 96 fellowships awarded for a total of €567,000 to 24 countries, the Fondation hosts every year a very high-level scientific meeting on a different skin cell and sponsors, in collaboration with the European Society for Dermatological Research (ESDR): the ESDR René Touraine lecture. The FRT has built a worldwide directory connecting more than 1000 opinion leaders in dermatology in collaboration with the International League of Dermatological Societies (ILDS) and the “WHO & HOW” worldwide directory of opinion leaders in dermatology.

Networking health services

In addition, FRT focuses on three networking actions, driven by three specific committees within the Scientific Board:

- **Psoriasis International Network** (joint action with the EADV Psoriasis Task Force)
- **Together Against Genodermatoses - Europe and Mediterranean**, supported since 2008 by the European Union (grant agreement TAG 2007335)
- **e-dermatology portal**, a project opening exchanges on the management of skin diseases all over the world, hopefully in collaboration with the EADV.

The main goals of networks such as Psoriasis International Network and Together Against Genodermatoses are:

- to foster the development of specific outpatient consultations once a week for genodermatoses and psoriasis in each dermatology dept in the world.
- to share information and expertise by connecting the experts in charge of these consultations through national and international networks.
- to develop, through these networks, training activities and clinical and therapeutic research.
- to foster the organisation of regular national, regional or international meetings to discuss difficult cases and collaborative projects.

The e-dermatology portal network aims to be a permanent e-congress focusing on the management of skin diseases. This portal is based on the translation into English of Prof Dubertret’s book *Thérapeutique Dermatologique*, written by 333 authors and made available online.
available online for free by the Fondation René Touraine in 2005. This e-book has become a reference in French-speaking countries, with 1 million visits per year from 137 countries. Once translated, this book will integrate comments from experts from all over the world and will be open to discussion on the different therapeutic strategies, in order to give value to the diversity of opinions and expertise as well as to consensus and guidelines.

**FRT and healthcare strategy**

Thanks to the success of the Together Against Genodermatoses network, the Fondation René Touraine has been nominated as an expert of EUCERD - European Union Committee of Experts on Rare Diseases. One of the new developments and major challenges in medicine nowadays is the constitution of health care networks not only in rare diseases but also in common ones.

This seems the best way to co-ordinate all European efforts in dermatology in order to:

1) improve access to skin care in collaboration with patient associations
2) improve medical training
3) better defend the specialty.

FRT looks forward to a lasting collaboration with EADV to better serve dermatology and patients.

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**Scientific Board Committees**

**Psoriasis International Network Committee:**
- **President:** C Paul (France)
- **President-elect:** L Naldi (Italy)
- **Members:** M Bagot (France), C Griffiths (UK), L Kemeny (Hungary), T Luger (Germany), L Puig (Spain)

**Genodermatoses Committee:**
- **President:** J Bauer (Austria)
- **President-elect:** C Bodemer (France)
- **Members:** L Bruckner-Tudermann (Germany), A Hovnanian (France), M Jonkman (The Netherlands), S Karpati (Hungary), I Leigh (UK), J Mellerio (UK), J Traupe (Germany), G Zambruno (Italy)

**e-Dermatology Portal Committee:**
- **President:** S Aractingi (France)
- **President-elect:** P Filipe (Portugal)
- **Members:** L Borradori (Switzerland), N Dupin (France), M de Rie (The Netherlands), G Tappeiner (Austria)

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2011 Joint AAD/EADV International Symposium

Please join us on Thursday, 3 August 2011 during the American Academy of Dermatology Summer Meeting, 3–7 August 2011, New York

World renowned dermatologists from Europe and the United States will take the stage to present a variety of cutting-edge topics in medical dermatology.

Registration for AAD members and non-members is now open.

For more information, please visit [www.aad.org](http://www.aad.org).
Photo Competition

This issue’s winning photo was sent in by Wael El-Din from Egypt and shows three family members, two girls and one boy, suffering the rare condition Loose Anagen Hair Syndrome.

Our thanks to Dr Wael El-Din who will be receiving a reference work on dermatology specially chosen by our Editor.

Calendar of Events

> 2011

Joint Congress - Russian National Society of Dermatovenereology & Cosmetology/2nd Continental Congress of Dermatology
Saint Petersburg, Russia
6-9 July 2011

EAACI Allergy Summer School “Dermatitis & Eczema”
Cracow, Poland
18-21 August 2011

2nd 5-Continent-Congress - Lasers & Aesthetic Medicine
Cannes, France
31 August 2011

21st Congress and international postgraduate medical and surgical course of the International Society for the Study of Vulvovaginal Disease (ISSVD)
Paris, France
3-10 September 2011

Interacademic Course of Onychology
Brussels, Belgium
23-24 September 2011

7th European Masters in Aesthetic and Anti-Ageing Medicine
Paris, France
30 September & 1 October 2011

20th EADV Congress
Lisbon, Portugal
20-24 October 2011

> 2012

8th IACD World Congress of Cosmetic Dermatology
Cancun, Mexico
31 January 2012 - 4 February 2012

6th EADV Spring Symposium
Verona, Italy
6-10 June 2012

3rd World Psoriasis & Psoriatic Arthritis Conference
Stockholm, Sweden
27 June - 1 July 2012

21st EADV Congress
Riga, Latvia
6-9 September 2012

> 2013

10th EADV Spring Symposium
Cracow, Poland
23-26 May 2013

22nd EADV Congress
Istanbul, Turkey
3-7 October 2013
Dear Friends,

The dictionary describes organisational culture as “the values and behaviours which contribute to the unique social and psychological environment of an organisation”.

There are two prerequisites for the development of an organisational culture: (1) a framework of rules and statutes which govern an organisation; and (2) the active participation of the members of the organisation who interpret these rules and who develop the activities of the organisation.

I am frequently confronted with questions by members on how they can actively take part in the life and decision-making of the Academy. In fact this is pretty straightforward. The structure and functioning of the Academy as stipulated in our statutes is depicted in the accompanying chart.

Open participation process

All positions are voted for in a transparent and democratic fashion either by our voting members (for Board members, Presidents) or by the board (for Treasurer, Secretary General, committee members and committee chairmen). Depending on the position, either Ordinary or Specialist members can apply. You will find application forms for several new openings on our website and I encourage you to apply for a position which interests you - if you are willing to actively participate in the functioning of our Academy and to help influence and build our organisational culture. However, be prepared – it may result in hard (unpaid) work and a lot of responsibilities!

I am looking forward to hearing from you and to seeing you at our 20th Congress in Lisbon in October.

With my warm regards from Vienna,

Erwin Tschachler
EADV Secretary General

Please note: this text has been updated since the print edition was published.
20th Congress of the European Academy of Dermatology and Venereology

Discoveries in Dermatology
Lisbon - Portugal - 20 / 24 Oct. 2011

www.eadvlisbon2011.org